Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

G c381-US-D1

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
<u></u>	2741 01 4140		(Column 1)		(Column 2)		,]	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			12			·		RATE	FEE]	RATE	FEE
FC	DR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	12 mir	nus 20=	* 0			X\$ 9=		OR	X\$18=	
▙	DEPENDENT C		3 minus 3 = * 7			·	ŀ	X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	L	TOTAL		OR	TOTAL	770
	С					OTHER	THAN					
		(Column 1)				(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL		OR	TOTAL	
ADDIT. FEE L (Column 1) (Column 2) (Column 3)											ADDIT. FEE	
_	:	CLAIMS		HIGHE	ST		۱г		ADDI-	1		ADDI-
AMENDMENT B	_	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.4444	=	ļΓ	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OR	TOTAL	· · ·
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR .	X\$18=	/ Lala
	Independent	*	Minus	***		=	-	X43=	:		X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7432		OR		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
i	he "Highest Num	ber Previously Paid	For* (Total or	Independer	nt) is the	highest number	r found	d in the app	ropriate box	in coli	umn 1.	